MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 64

03739

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Caroline

(b) City or town Federalsburg. (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 54 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Caroline

(c) City or town Federalsburg. (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Wesley Cannon,

3 (b) If veteran, name war

3 (c) Social Security No. 220-01-6577

4. Sex Male

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Lula Cannon

6. (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) June 20" 1884

8. AGE: Years 54 | Months 10 | Days | If less than one day ____ hr. ____ min.

9. Birthplace Federalsburg, Caroline, Md. (Town, county, and state)

10. Usual occupation Day laborer

11. Industry or business

FATHER

12. Name Silas Boyce

13. Birthplace Unknown,

MOTHER

14. Maiden Name Mary R. Collins,

15. Birthplace Federalsburg, Md.

16 (a) Informant Mary R. Collins,

(b) Address Federalsburg, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 24 -39 (month) (day) (year)

(c) Cemetery or crematory Federalsburg, Md.

Location Federalsburg, Md.

18 (a) Funeral director J.J.Framptom & Son.

(b) Address Federalsburg, Md.

19 (a) April 22-39 (Date rec'd by registrar) (b) J. J. Framptom Registrar

MEDICAL CERTIFICATION

20. Date of death April 20" 1939, at 10-00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 20 1939, to April 20 1939, and that I last saw him alive on April 20 1939

Immediate cause of death Suetic Ostitis

Duration 2 yrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations ✓

Of autopsy ✓

Suetic Ostitis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ✓

(b) Date of occurrence ✓

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Frank M. Anderson M.D. M. D. or other

Address Federalsburg, Md. Date signed 4/21/39

VS. A15 (T) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 5 1930
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03740

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (95-2)

County Caroline — Registration Dist. No. 61

Village or City Greensboro — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 20 yrs. 3 mos. 16 ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Margret E. Cohee — If U. S. Veteran, specify WAR ____

(a) Residence: No. ____ St., ____ Ward. ____

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Femail	W	Widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: John Cohee

6. DATE OF BIRTH (month, day, and year) Jan 6. 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	84	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. — Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. — *

10. Date deceased last worked at this occupation (month and year) April 8. 1939

11. Total time (years) spent in this occupation — Life

12. BIRTHPLACE (city or town) (State or country) — Maryland

FATHER

13. NAME — Thomas Wooters

14. BIRTHPLACE (city or town) (State or country) — Maryland

MOTHER

15. MAIDEN NAME — Sarah Butler

16. BIRTHPLACE (city or town) (State or country) — Maryland

17. INFORMANT — Mrs, G. Wesley Smith

(Address) — Marydell Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Greensboro Md. Date April 17, 19 39

19. UNDERTAKER — Raymond B. Rawlings

(Address) — Greensboro Md.

20. FILED Apl. 15 1939 L. MacLaine

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 4 (Month) / 14 (Day) / 193 9 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 4/12, 19 39, to 4/14, 19 39

Last saw h[illegible] alive on 4/12, 19 39; death is said to have occurred on the date stated above, at 3.30 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Organic Heart disease Auricular Valvular	Unknown

Other Contributory Causes of Importance:

Cerebral Thrombosis

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19 ____

Where did injury occur? ____

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of Injury ____

24. Wes disease or injury in eny way related to occupation of deceased? ____

If so, specify ____

(Signed) W. G. Silver M. D.

(Address) Goldsboro Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
MAY 3 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (82-a) CB

Reg. Dist. No. 62

CERTIFICATE OF DEATH

03741

1. PLACE OF DEATH:

(a) County Caroline

(b) City or town Denton (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State D. C. (b) County District of Columbia

(c) City or town Washington (If outside city or town limits, write RURAL and give town)

(d) Street No. 918 19th St. N. W. (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Florence Boyd Evans

3 (b) If veteran, name war ____

3 (c) Social Security No. ____

4. Sex F

5. Color or race W.

6 (a) Single, married, widowed, or divorced. widow

6 (b) Name of husband or wife Geo. W. Evans

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Mar. 19th 1869

8. AGE: Years 70 | Months | Days 21 | If less than one day ____ hr. ____ min.

9. Birthplace Washington (Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER
12. Name Robt. Boyd
13. Birthplace Georgetown, D.C.

MOTHER
14. Maiden Name Annie Bitner
15. Birthplace Georgetown, D.C.

16 (a) Informant Mrs Jane Fiske
(b) Address Washington D.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 13th 39 (month) (day) (year)

(c) Cemetery or crematory Asp. Hill
Location Washington, D.C.

18 (a) Funeral director J. Virgil Moore & Son
(b) Address Denton

19 (a) Apr. 12/39 (Date rec'd by registrar) (b) Mrs. D O George Registrar

MEDICAL CERTIFICATION

20. Date of death April 11 1939, at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 19 1939, to April 11 1939, and that I last saw him alive on April 11 1939.

Immediate cause of death Cerebral Hemorrhage — Duration 1939 April 11

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Hanson O George M. D. or other

Address Denton Md Date signed 4/15/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 8 1900
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03742

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (94E)

County Caroline Registration Dist. No. 62

Village or City Denton No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Elizabeth Finn. If U. S. Veteran, specify WAR

(a) Residence: No. Federalsburg, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Martin Finn

6. DATE OF BIRTH (month, day, and year): May 26" 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Employee

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: in Button Factory

10. Data deceased last worked at this occupation (month and year): Feb. 1938

11. Total time (years) spent in this occupation: 7

12. BIRTHPLACE (city or town): Dorchester Co.

(State or country): Md.

FATHER

13. NAME: John Frank Arnett

14. BIRTHPLACE (city or town): Dorchester Co.

(State or country): Md.

MOTHER

15. MAIDEN NAME: Ida Collins.

16. BIRTHPLACE (city or town): Caroline Co.

(State or country): Md.

17. INFORMANT: Mrs Ruth Reese,

(Address) 3808-Birchview Ave. Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Federalsburg, Md. Date Apr. 12" 1939

19. UNDERTAKER: J. J. Framptom & Son

(Address) Federalsburg, Md.

20. FILED Apr. 10, 1939 M. S. O. George

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 8 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1939, to April 8, 1939

I last saw h-er- alive on April 8, 1939; death is said to have occurred on the date stated above, at 3 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	April 7 1939

Other Contributory Causes of Importance:

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Paul Kurtz M. D.

(Address) Denton Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED MAY 5 1930 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 46-E

Reg. Dist. No. 62

03743

CERTIFICATE OF DEATH

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) County Caroline

(b) City or town Denton Rural
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Caroline

(c) City or town Denton
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** John Wesley Funk

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. married

6 (b) Name ~~of husband~~ or wife Daisy V Smith

6. (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Mar. 17th 1871

8. AGE: Years 66 | Months 1 | Days 11 | If less than one day ____ hr. ____ min.

9. Birthplace Waynesboro Penn.
(Town, county, and state)

10. Usual occupation Real Estate Salesman.

11. Industry or business

FATHER 12. Name Jacob Funk

13. Birthplace Penn.

MOTHER 14. Maiden Name Nancy McAffee

15. Birthplace Penn.

16 (a) Informant Mrs. Daisy Funk

(b) Address Denton Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-1-39 (month) (day) (year)

(c) Cemetery or crematory Mercersburg, Penn.

Location

18 (a) Funeral director J. Virgil Eastwood Doms

(b) Address Denton Md

19 (a) 4-29-39 (Date rec'd by registrar) (b) Jno A O Yeager Registrar

MEDICAL CERTIFICATION

20. Date of death April 28 1939, at 1045 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 11 1938, to April 28 1939, and that I last saw him alive on 4-28 1939.

Immediate cause of death	Duration
Due to Cancer of Liver	1938
Due to Anemia Pernicious	Jan. 1939
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Hanson O Yeager
M. D. or other

Address Denton Date signed 4/29/39

RECEIVED
MAY 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (95E) Reg. Dist. No. 66

03744

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Caroline
(b) City or town Bridgetown
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 85 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Caroline
(c) City or town Bridgetown
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Susan ~~Angeline~~ Agnes Gibson

3 (b) If veteran, name war | 3 (c) Social Security No.

4. Sex F | 5. Color or race w | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband ~~or wife~~ Jacob Gibson
6. (c) If alive, give age 90 years

7. Birth date of deceased (mo., day, yr.) Aug 7th 1854

8. AGE: Years 85 | Months 8 | Days 3 | If less than one day ____ hr. ____ min.

9. Birthplace Bridgetown Md.
(Town, county, and state)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name John Cannon
13. Birthplace Maryland

MOTHER
14. Maiden Name Susan Elliott
15. Birthplace Maryland

16 (a) Informant Miss Gibson
(b) Address R.D. Greensboro, Md.

17 (a) Greensboro Md (Burial, cremation, or removal) (b) Date thereof Apr 12 1939 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Greensboro, Md.
Location

18 (a) Funeral director J. Virgil Moore & Son
(b) Address Denton

19 (a) Apr 12th 1939 (Date rec'd by registrar) (b) J. D. Davis. Registrar

MEDICAL CERTIFICATION

20. Date of death Apr. 9th 1939, at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1939 to April 9 1939, and that I last saw ~~him~~ her alive on 4/9 1939.

Immediate cause of death Cardiac Exhaustion

Due to Cardio-Vascular

Due to Degeneration

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations /
Of autopsy /

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D. or other
Address Goldsboro Md Date signed 4/10-39

VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 2 1929
BUREAU V. S.

03745

STATE OF MARYLAND—CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

County Caroline Registration Dist. No. 60

Village or City Templeville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Susanna Griffith ~~World War Vet.~~

(a) Residence: No. ___ St., ___ Ward. ___ If nonresident give city or town and State

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John T. Griffith

6. DATE OF BIRTH (month, day, and year) 1852

7. AGE Years 87 Months 2 Days 9 If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Hick

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Del

FATHER

13. NAME Ira Downs

14. BIRTHPLACE (city or town) (State or country) Del

MOTHER

15. MAIDEN NAME Nancy Hagden

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Howard Griffith (Address) Maryden

18. BURIAL, CREMATION, OR REMOVAL Place Templeville Date April 8, 1939

19. UNDERTAKER R B Rawlings (Address) Greensboro

20. FILED 4-7, 1939 A C Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 6 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Mch 25, 1939, to April 6, 1939

I last saw her alive on April 5, 1939; death is said to have occurred on the date stated above, at 6:30 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

Quite Cardiac Dilation

Other Contributary Causes of importance: Chronic Myocarditis & Senility

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? no Date of injury, 19

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify —

(Signed) C H Metcalfe M.D.

(Address) Ridgeville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED MAY 4 1928 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

03746

(93-C)

1. PLACE OF DEATH

County Caroline Registration Dist. No. 62

Village or City Near Concord, Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 3 yrs. 6 mos. ? ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Henry Hasting If U. S. Veteran, specify WAR

(a) Residence: No. Near Concord, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Laura Hasting

6. DATE OF BIRTH (month, day, and year): May 15, 1876

7. AGE: Years 62 | Months 11 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: farmer

10. Date deceased last worked at this occupation (month and year): Nov. 1938

11. Total time (years) spent in this occupation: full life

12. BIRTHPLACE (city or town) (State or country): Near Bridgeville, Del.

FATHER

13. NAME: Harvey P. Hasting

14. BIRTHPLACE (city or town) (State or country): Delaware.

MOTHER

15. MAIDEN NAME: Elizabeth M. McCauley

16. BIRTHPLACE (city or town) (State or country): Delaware

17. INFORMANT (Address): William N. Hasting, Bridgeville, Del.

18. BURIAL, CREMATION, OR REMOVAL Place: Bridgville Cem. Date: 4/23/, 1939

19. UNDERTAKER (Address): C. W. Adams, Federalsburg, Md.

20. FILED 4-22, 1939 Wm. D. O. George Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 19 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1939, to April 19, 1939

I last saw him alive on April 19, 1939; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic myocarditis with decompensation	Unknown

Other Contributory Causes of Importance:

Arteriosclerosis	Unknown

Name of operation: No Date of

What test confirmed diagnosis? Examined Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [signature] M. D.

(Address) Bridgeville, Del

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

MAY 5 1939
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

03747

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Caroline Registration Dist. No. 60

Village or City Henderson No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S. if of foreign birth? 50 yrs. mos. ds.

2. FULL NAME Michel Horvith If U. S. Veteran, specify WAR

(a) Residence: No. Henderson. Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	W	Widowed

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Horvith

6. DATE OF BIRTH (month, day, and year) Sept .23.1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. *

10. Date deceased last worked at this occupation (month and year) March 1, 1939

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Hungary

FATHER

13. NAME Peter Horvith

14. BIRTHPLACE (city or town) (State or country) Hungary

MOTHER

15. MAIDEN NAME Elizebeth Nagy

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT John Horvith (Address) Henderson Md.

18. BURIAL, CREMATION, OR REMOVAL Place Greensboro Md. Date April 11, 1939

19. UNDERTAKER Raymond B. Rawlings (Address) Greensboro. Md.

20. FILED 4-11, 1939 A C Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 4 (Month) 7 (Day), 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from April 4, 1939 to April 7, 1939 (last saw him alive on 4/6, 1939; death is said to have occurred on the date stated above, at 2 40 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset 4/6 39

Bronchial Pneumonia

Other Contributory Causes of Importance:

Debility

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) N J Glover M. D.

(Address) Goldsboro Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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MAY 4 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 62

CERTIFICATE OF DEATH

03748

1. PLACE OF DEATH:

(a) County Caroline

(b) City or town Hillsboro (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Caroline

(c) City or town Hillsboro Md (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alice Virginia Lane

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex F.

5. Color or race W.

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Lorane Lane

6. (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) Jan 5th 1867

8. AGE: Years 72 Months 3 Days 7 If less than one day hr. min.

9. Birthplace St. Michaels Md (Town, county, and state)

10. Usual occupation House wife

11. Industry or business

FATHER 12. Name Alex. Denney

13. Birthplace Maryland

MOTHER 14. Maiden Name Eliza Elliott

15. Birthplace Maryland

16 (a) Informant Chas. R. Lane (Son)

(b) Address Balto, Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof Apr. 13 1939 (month) (day) (year)

(c) Cemetery or crematory St. Michaels

Location St. Michaels Md.

18 (a) Funeral director J. Virgil Moore & Son

(b) Address Denton Md.

19 (a) Apr. 13/39 (Date rec'd by registrar) (b) Mrs. D. O. George Registrar

MEDICAL CERTIFICATION

20. Date of death Apr 10 1939, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mch 15 1939, to Apr 10 1939, and that I last saw him alive on Apr 10 1939.

Immediate cause of death Chronic Heart Disease with Congestion

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Melvin N Mitchell M. D. or other

Address Denton, Md Date signed 4/12/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 29 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03749

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (95-E)

County Caroline Registration Dist. No. 60

Village or City Goldsboro No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Cora C Matthews If U. S. Veteran, specify WAR

(a) Residence: No. Goldsboro. Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Femall	B	Widowed

5e. If married, widowed, or divorced
HUSBAND of (or) WIFE of Dominick Matthews

6. DATE OF BIRTH (month, day, and year) April 1. 1865

7. AGE	Yeers	Months	Days	If LESS than 1 day, hrs. or min.
	74		20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. *

10. Dete deceased last worked at this occupation (month and year) April. 2. 1939

11. Totel time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Caroline Co. Md.

FATHER

13. NAME Alexander Wolford

14. BIRTHPLACE (city or town) (State or country) Caroline Co. Md.

MOTHER

15. MAIDEN NAME Heneritta Duckery

16. BIRTHPLACE (city or town) (Stete or country) Queen Anne Co. Md.

17. INFORMANT Albert Matthews
(Address) Goldsboro. Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Union Cemetery Date April. 24, 1939

19. UNDERTAKER Raymond. B. Rawlings
(Address) Greensboro. Md

20. FILED 4-24-1939 A C Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 21 (Day) 39 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1939, to April 20, 1939

I last saw her alive on April 20, 1939; death is said to have occurred on the date stated above, at 10.45 A M.

The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:

	Date of onset
Cardio-Renal	
Dengenerative Heart	
Hypertension Chronic	

Other Contributory Causes of Importance:

Name of operation None Date of

What test confirmed diegnosis Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Charles H. Strausfogel M. D.

(Address) Greensboro Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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MAY 4 1928
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

03750

1. PLACE OF DEATH (8)

County Caroline Registration Dist. No. 63

Village or City Preston No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stillbirth Murphy If U. S. Veteran, specify WAR

(a) Residence: No. Preston Maryland St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4/11/34

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or 40 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Preston Maryland

FATHER

13. NAME James Henry Murphy

14. BIRTHPLACE (city or town) (State or country) Harlock Maryland

MOTHER

15. MAIDEN NAME May Jennie McCracken

16. BIRTHPLACE (city or town) (State or country) Denton Maryland

17. INFORMANT (Address) Husband James H. Murphy Preston Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place On farm Preston Date 4/11/, 1939

19. UNDERTAKER (Address) James H. Murphy Preston Md.

20. FILED 4/11/, 1939 Chas. B. Hanson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 11 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1939, to April 11, 1939

I last saw h elive on , 19 ; death is said to have occurred on the date stated above, at m. Never.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Stillbirth Premature	

Other **Contributory Causes** of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Charles B. Plummer M. D.

(Address) Preston Maryland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

MAY 5 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

03751

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (46-74)

County Caroline Registration Dist. No. 62

Village or City Denton No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Pastorfield

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	W.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Howard E. Pastorfield

6. DATE OF BIRTH (month, day, and year) Oct. 16th 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housekeeper

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ✓

10. Date deceased last worked at this occupation (month and year) May 1938

11. Total time (years) spent in this occupation Life.

12. BIRTHPLACE (city or town) Mary Land (State or country)

FATHER

13. NAME John W. Emerson.

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Rebecca Denning.

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Mrs. J. Lester Evernham (Address) Denton, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Denton Md. Date April 25th, 1939

19. UNDERTAKER Geo. Clark (Address) Bailey, Mary Land.

20. FILED 4-24-, 1939 Thos O Fenge Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 23 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July, 1936, to April 23, 1939

I last saw h alive on April 23, 1939; death is said to have occurred on the date stated above, at 9:05 A.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Carcinoma of Pancreas and Gall Bladder	July 1939

Other **Contributory Causes** of importance:

Name of operation Removal of Gall Bladder Date of Aug 1938

What test confirmed diagnosis? Microscopic Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Dawson D. George M. D.

(Address) Denton

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use tho word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED MAY 5 1939 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

03752

1. PLACE OF DEATH

County Caroline Registration Dist. No. 60

Village or City Henderson No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Durias Pippin If U. S. Veteran, specify WAR

(a) Residence: No. Henderson Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Mary S. Pippin

6. DATE OF BIRTH (month, day, and year): April 30, 1873

7. AGE: 75 Years | Months: 11 | Days: 6 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: —

10. Date deceased last worked at this occupation (month and year): Unknown

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Caroline Co Md

FATHER

13. NAME: John Pippin

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Rebecca Pippin

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Mrs Mary Pippin Henderson Md

18. BURIAL, CREMATION, OR REMOVAL: Greensboro Date 4/9 1939

19. UNDERTAKER (Address): R. B. Rawlings Greensboro Md

20. FILED 4/8/39 A C Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 4 (Month) 6 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 1939, to April 1939

I last saw him alive on April 2, 1939; death is said to have occurred on the date stated above, at 6:45 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6/38

Other Contributory Causes of importance:

Exhaustion

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) N. B. Glover M.D.

(Address) Goldsboro Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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MAY 4 1928
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

03753

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. NOTE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (23)

County Caroline — Registration Dist. No. 64

Village or City Near Federalsburg, Md. — No. — St., — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred full life yrs. ? mos. ? ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Blanch Ricketts — If U. S. Veteran, specify WAR

(a) Residence: No. Near Federalsburg, Md. St., Ward. (Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John D. Ricketts

6. DATE OF BIRTH (month, day, and year) Jan 7, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Housework

10. Date deceased last worked at this occupation (month and year) February 1939

11. Total time (years) spent in this occupation full life

12. BIRTHPLACE (city or town) Near American Corner, Md. (State or country) Maryland.

FATHER

13. NAME Daniel Boyce

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Laura Stanford

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT John D. Ricketts (Address) Federalsburg, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Crowe's Cemetery Date 4/13/, 1939

Federalsburg Maryland

19. UNDERTAKER C. W. Adams (Address) Federalsburg, Md.

20. FILED April 13, 1939 S. S. Frampton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 10 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1939, to Last Week, 19

I last saw her alive on March 20, 1939; death is said to have occurred on the date stated above, at 3 P. M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	

Other Contributory Causes of importance: Cold & Influenza

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) L. G. Fraze M. D.

(Address) Hurlock, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED MAY 5 1928 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

03754

STATE OF MARYLAND—CERTIFICATE OF DEATH

(942)

1. PLACE OF DEATH

County Caroline Registration Dist. No. 64

Village or City Near American Corner No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 74 yrs. I mos. I7 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Tamsey J. Smith If U. S. Veteran, specify WAR

(a) Residence: No. Federalsburg, Md. R.F.D. St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles W. Smith

6. DATE OF BIRTH (month, day, and year) Feb. 2I" I865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	I	I7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House-work

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. own home

10. Date deceased last worked at this occupation (month and year) Apr. 7 1939

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Caroline Co.
(State or country) Md.

FATHER

13. NAME Peter Sullivan

14. BIRTHPLACE (city or town) Caroline Co.
(State or country) Md.

MOTHER

15. MAIDEN NAME Mary Elizabeth Warren,

16. BIRTHPLACE (city or town) Caroline Co.
(State or country) Md.

17. INFORMANT Charles W. Smith.
(Address) Federalsburg, Md. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL
Place Federalsburg, Md. Date Apr. II", 1939

19. UNDERTAKER J. J. Framptom & Son.
(Address) Federalsburg, Md.

20. FILED April 10, 1939 J. J. Framptom
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 8" (Month) (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1939, to April 8, 1939

I last saw her alive on March 28, 1939; death is said to have occurred on the date stated above, at 12-15 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary arterio sclerosis	1938 Oct.

Other Contributory Causes of Importance:

Generalized arterio sclerosis	1935±

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) E. Paul Knotts M. D.

(Address) Denton Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (50)

Reg. Dist. No. 62

03755

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Caroline

(b) City or town Denton (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Caroline

(c) City or town Denton (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hanna Standford

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband ~~or wife~~ Addison Standford

6. (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) Sept. 4th 1896

8. AGE: Years 47 Months 5 Days 7 If less than one day hr. min.

9. Birthplace Denton Caroline (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Henry Dyer

13. Birthplace Maryland

MOTHER 14. Maiden Name Lydia Cooperman

15. Birthplace Maryland

16 (a) Informant Addison Standford

(b) Address Denton

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/14/39 (month) (day) (year)

(c) Cemetery or crematory Spring Grove

Location Denton

18 (a) Funeral director J. Engel Moore Hon

(b) Address Denton

19 (a) Apr. 13/39 (Date rec'd by registrar) (b) Mrs. D. O. George Registrar

MEDICAL CERTIFICATION

20. Date of death Apr 11 1939, at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1939, to Apr 11 1939, and that I last saw him alive on Apr 11 1939.

Immediate cause of death Cancer of Breast

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [signature] M. D. or other

Address Denton. Md Date signed 4/14/39

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

93-C

Reg. Dist. No. 62

03756

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Caroline

(b) ~~City~~ or town Burroville
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Caroline

(c) City or town
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Weber

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex male

5. Color or race white

6 (a) Single, married, widowed, or divorced. widower

6 (b) Name of husband ~~or wife~~ Mary Ferrins Weber

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov. 20 1874

8. AGE: Years 64 Months 4 Days 26 If less than one day ____ hr. ____ min.

9. Birthplace Burroville Caroline Md.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John Weber
13. Birthplace Maryland

MOTHER
14. Maiden Name Mollie Atwell
15. Birthplace Maryland

16 (a) Informant Ruth Weber
(b) Address Denton Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof 4-19-39 (month) (day) (year)

(c) Cemetery or crematory Burroville M.E.

Location Burroville Md.

18 (a) Funeral director J. Virgil Moore & Son

(b) Address Denton

19 (a) 4-19-39 (Date rec'd by registrar) (b) Mrs A A George Registrar

MEDICAL CERTIFICATION

20. Date of death April 16 1939, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1933, to April 16 1939, and that I last saw him alive on April 15 1939.

Immediate cause of death	Duration
Chronic Myocarditis	1923
Due to High Blood Pressure	1923
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Paul Throttle MD
M. D. or other

Address Denton Md Date signed April 18-1939

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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